



## APPLICATION FOR APPROVAL OF CONTINUING EDUCATION INSTRUCTOR

All requests for continuing education and CE instructor approval shall be submitted to the Board postmarked no later than 45 days prior to the date of the program. Please provide a separate application for each instructor and attach his/her vitae to each application.

**INSTRUCTORS:** You must answer all questions truthfully and accurately to the best of your knowledge. Failure to provide the information requested and/or failure to answer the questions truthfully and completely may lead to denial of the continuing education program.

1. Name of the program: \_\_\_\_\_

2. Organization or college sponsoring the program: \_\_\_\_\_

3. Do you intend to practice chiropractic as part of this CE program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, you must apply for a temporary license.)

4. Instructor's Name: \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website \_\_\_\_\_ Email address \_\_\_\_\_ Phone \_\_\_\_\_

5. List all states in which you have ever held a health care related registration/license and/or certification, regardless of the current status:

State: \_\_\_\_\_ License Type/No. \_\_\_\_\_ Status \_\_\_\_\_

State: \_\_\_\_\_ License Type/No. \_\_\_\_\_ Status \_\_\_\_\_

State: \_\_\_\_\_ License Type/No. \_\_\_\_\_ Status \_\_\_\_\_

(If you possess more than three health care related registrations/licenses and/or certifications, attach the requested information on a separate sheet.)

6. Have any of the aforementioned health care related registrations/licenses and/or certifications ever been limited, censured, forfeited, voluntarily or involuntarily surrendered, put on probation, reprimanded, revoked, suspended, allowed to lapse, or disciplined for any reason?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, provide explanation and attach to this application)

**OVER →**

7. List all faculties on whose behalf you instruct CE programs:

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8. Provide a **legible** synopsis of your credentials, education, etc. that demonstrates your expertise in the topic you are presenting:

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9. Have you ever been convicted of a misdemeanor or felony?  Yes  No (If yes, please provide explanation)

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I attest that the information provided on this application and any attachment(s) is true, correct and complete. I understand and authorize the Board and its agents to investigate this application and verify the statements contained therein. I hereby authorize any government agency, law enforcement agency, licensing board, school, corporation, organization, association or any person to provide the Board with any information necessary to investigate information I have provided as disclosed on this application.

10. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Approval of your application may be delayed until all information is collected, verified, and reviewed by the Board\*\***



## APPLICATION FOR APPROVAL OF CONTINUING EDUCATION SEMINAR

All requests for continuing education approval shall be submitted to the Board postmarked no later than 45 days prior to the date of the program and shall include **one copy plus the original** of the following:

- Application for approval of continuing education
- Course syllabus or outline
- Vitas of all instructors or speakers
- Verification of instructor's or speaker's faculty status from the sponsoring or cosponsoring educational or healthcare institution
- Promotional brochures for the program or samples of any such brochures
- Application for approval of instructor(s)

The application must be complete and all attachments received before it is reviewed by the Board for approval.

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**Name of the Program:** \_\_\_\_\_

**1. Organization or college sponsoring the course:** \_\_\_\_\_

**2. Name of Cosponsor:** \_\_\_\_\_

**3. Contact information for person completing this application:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact information for licensees to register for the program (to be posted on the Board's website):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Date(s) course to be offered:**

**Location(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Fee to be charged:** \_\_\_\_\_ **Fee covers:** \_\_\_\_\_

**6. Exact hours course is scheduled for:** \_\_\_\_\_

**7. Number of continuing education hours requested:** \_\_\_\_\_

8. **Name(s) of instructors:** (If this program is not being instructed by a chiropractic physician, provide the name of an Ohio licensed Chiropractic physician who will be present during the program for consultation).

\_\_\_\_\_

\_\_\_\_\_

9. **Provide name of attendance officer, method of certifying/assuring attendance, and who will maintain attendance records for verification?**

\_\_\_\_\_

10. **List text(s) and equipment to be used as aids:** \_\_\_\_\_

11. **Is an examination or evaluation process part of the program? If yes, please explain.**

YES (Category 1 seminar) \_\_\_\_\_

NO (Category 2 seminar)

12. **Are any promotional publications or advertisements being used?**  YES  NO (If yes, please attach)

13. **Does this course include practice building, either as a part of the program itself, or as an optional offering?**

YES  NO If yes, please explain: \_\_\_\_\_

14. **Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for purchase by those attending?**  YES  NO

15. **Will those attending be given a product as a gift or at a reduced rate?**  YES  NO

16. **Topics and Hours Requested for Approval:**

(1) Clinical diagnosis and examination procedures; \_\_\_\_\_

(2) Diagnostic imaging; \_\_\_\_\_

(3) Neurology; \_\_\_\_\_

(4) Nutrition; \_\_\_\_\_

(5) Public health, hygiene, sanitation; \_\_\_\_\_

(6) Manipulation and adjusting procedures; \_\_\_\_\_

(7) Physiological therapeutics; \_\_\_\_\_

(8) Orthopedics; \_\_\_\_\_

(9) Emergency procedures; \_\_\_\_\_

(10) Principles and practice and/or philosophy; \_\_\_\_\_

(11) Laboratory procedures; \_\_\_\_\_

(12) Anatomy; \_\_\_\_\_

(13) Physiology; \_\_\_\_\_

(14) Rehabilitative procedures/exercise; \_\_\_\_\_

(15) Ethics and/or boundary issues; \_\_\_\_\_

(16) Staff development and training; \_\_\_\_\_

(17) Proper documentation procedures; \_\_\_\_\_

(18) Risk management; \_\_\_\_\_

(19) Laws and rules of the board; \_\_\_\_\_

(20) Other subjects related to the practice of chiropractic (as deemed appropriate by the Board). \_\_\_\_\_

17. **I have read OAC § 4734-7-02 and hereby certify that all information listed above is correct and the required enclosures are included:**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **4734-7-02 Application and Requirements for Approval of Continuing Education Programs**

- (A) Category 1 continuing education: A rigorous clinical or core curriculum program that includes an assessment of each participant's knowledge gained from the program.
- (B) Category 2 continuing education: A rigorous clinical or core curriculum program.
- (C) All category 1 and 2 continuing education programs must be approved by the board and meet the following requirements, unless the program complies with paragraph (K) of this rule:
  - (1) The program shall be held within the state of Ohio;
  - (2) The program shall be of academic and ethical quality and enhance professional growth and competence, as determined by the board;
  - (3) Chiropractic programs shall be sponsored by a board-approved chiropractic educational institution, a non-profit chiropractic association registered with the state of Ohio Secretary of State, or an accredited academic health institution or hospital. Acupuncture programs shall be sponsored by an entity that administers a course of study approved under section 4734.211 of the Revised Code;
  - (4) Chiropractic programs shall be at least six-hour increments of instruction consisting of a minimum of forty-five minutes per hour of instruction. Acupuncture programs shall be at least two hour increments of instruction consisting of a minimum of forty-five minutes per hour of instruction;
  - (5) Instructors for continuing education programs sponsored by a board-approved chiropractic educational institution or an accredited academic health institution or hospital shall be faculty members of the institution, or, if sponsored by a non-profit chiropractic association, shall be subject to Board approval;
  - (6) Instructors of continuing education programs who possess a professional degree for which the state of Ohio issues a license, shall have a valid license in good standing from a state licensing authority in the United States for that profession. Instructors with no professional degree or a professional degree or background for which the state of Ohio does not require licensure are subject to Board approval;
  - (7) Instructors for category 1 and 2 programs shall demonstrate expertise in the subject of the program, as determined by the board;
  - (8) Participation in the programs must be certified;
  - (9) The program shall be completed in person by both the licensee and program instructor(s);
- (D) Instructors of Category 1 and 2 programs who intend to practice chiropractic in the state of Ohio as part of their continuing education program shall obtain a temporary license to practice chiropractic in the state of Ohio in accordance with Ohio Administrative Code Section 4734-6-03.
- (E) Applications for approval of category 1 and 2 continuing education programs shall be made on forms prescribed by the board. All applications for continuing education approval shall be submitted to the board postmarked no later than forty-five days prior to the date of the program and shall include two copies of the following:
  - (1) Application for approval of continuing education;
  - (2) Application for approval of instructor;
  - (3) Syllabus of the program;

- (4) Vitae(s) of all instructor(s) or speaker(s);
  - (5) Verification of the instructor's faculty status, sent directly from the sponsoring educational institution;
  - (6) Promotional brochures for the program or samples of any such brochures;
  - (7) Other information or materials as deemed appropriate by the board.
- (F) The sponsor shall designate on the application for continuing education approval the specific category of continuing education for which the application is submitted. The board may grant continuing education credit in a different category other than the category requested by the applicant if deemed appropriate.
- (G) Each category 1 and 2 program submitted for chiropractic continuing education approval shall consist of one or more of the following subjects:
- (1) Clinical diagnosis and examination procedures;
  - (2) Diagnostic imaging;
  - (3) Neurology;
  - (4) Nutrition;
  - (5) Public health, hygiene, sanitation;
  - (6) Manipulation and adjusting procedures;
  - (7) Physiological therapeutics;
  - (8) Orthopedics;
  - (9) Emergency procedures;
  - (10) Principles and practice; philosophy
  - (11) Laboratory procedures;
  - (12) Anatomy;
  - (13) Physiology;
  - (14) Rehabilitative Procedures/Exercise
  - (15) Ethics and/or Boundary Issues;
  - (16) Staff development and training
  - (17) Proper Documentation Procedures;
  - (18) Risk Management
  - (19) Laws and Rules of the Board;
  - (20) Other subjects related to the practice of chiropractic as deemed appropriate by the Board.
- (H) Each category 1 and 2 program submitted for acupuncture continuing education approval shall consist of topics pertaining to acupuncture.
- (I) Category 3 continuing education: A program that is healthcare related and enhances the professional competency of a chiropractic physician.
- (J) Category 3 continuing education programs do not require the Board's prior approval and may or may not be held within the state of Ohio. Category 3 programs shall be sponsored by a board-approved chiropractic educational institution, a chiropractic organization, an accredited academic health institution or hospital, or other bona fide health care organization. Category 3 programs shall be held in at least one-hour increments of instruction. Category 3 programs may be completed via: (1) electronic educational programs; (2) journals or publications; or (3) seminar/conferences.
- (K) The approval of a seminar by the Federation of Chiropractic Licensing Boards or other contracted agency shall be considered prima facie evidence that the seminar satisfies the standards for seminar approval as set forth in this rule but shall not be considered conclusive.

- (L) A representative of the board may audit any continuing education program in order to verify the content of the program and ensure compliance with the board's continuing education rules at no charge to the board representative.
- (M) The board may award continuing education hours for activities sponsored by the board.
- (O) The sponsor of an approved program shall ensure appropriate attendance and/or monitoring procedures. Each attendee shall receive from the sponsor a certificate for each category 1 and 2 continuing education program completed. Such certificate must include the attendee's name, license number, program name, course location, program instructor, program sponsor, dates, and hours achieved and shall be issued within fifteen days of the conclusion of the program. If the seminar is held in the month of December, such certificate shall be issued at the conclusion of the program. The sponsor of an approved program shall maintain attendance records for four years from the conclusion of the program.
- (P) Within 15 days of completion of an approved program, the sponsor or cosponsor shall submit in writing to the board office a list of all attendees. Such list shall include each attendee's name, license number, program name, course location, program instructor, program sponsor, dates, and hours earned.
- (Q) Approved continuing education programs to be held in December shall not be canceled later than 120 days prior to the date of the scheduled program for any reason.

Effective:11-15-07

R.C. 119.032 review date: 11-15-2012